

U.S. Department of Justice  
United States Marshals ServiceU.S. MARSHAL  
BALTIMORE, MD

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF William M. Schmalfeldt, Sr.	COURT CASE NUMBER # 1:15-cv-01241-RDB
DEFENDANT Patrick G. Grady et al	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> { Scott Hinckley ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 31 Lawton Rd., Shirley, MA 01464	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<div style="border: 1px solid black; padding: 5px;"> William M. Schmalfeldt, Sr. 6636 Washington Blvd., #71 Elkridge, MD 21075 </div>	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 3
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>W. M. Schmalfeldt, Sr.</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 410-206-9637	DATE 7/2/15
--	---	----------------------------------	----------------

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 037	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk <i>Rocky B. Rubin</i>	Date 07/27/2015
---	--------------------	-------------------------------	------------------------------	---	--------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the of the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 07/17/2015
	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>Rocky B. Rubin</i>

Service Fee \$8.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
-----------------------	---	----------------	-------------------------	------------------	---

REMARKS: sent via certified mail return-receipt restricted delivery:  
7014 2120 0000 8092 8293  
Service was refused and returned to sender on 07/15/2015

- DISTRIBUTE TO:
1. CLERK OF THE COURT
  2. USMS RECORD
  3. NOTICE OF SERVICE
  4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

United States Marshals Service  
District of Maryland101 W. Lombard Street, Suite 6115  
Baltimore, MD 21201-2679Official Business  
Penalty for Private Use \$325

CERTIFIED MAIL



7014 2120 0000 8092 8293

Case 1:15-cv-01241-RDB Document 160 Filed 07/28/15 Page 2 of 3

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee  
 X ☒ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type ☐ Priority Mail Express®  
☒ Certified Mail® ☐ Registered Mail®  
☐ Registered Mail® ☐ Collect on Delivery  
 4. Restricted Delivery? (Item 1 only) ☒ Yes ☐ No

7014 2120 0000 8092 8293

Domestic Return to

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and phone number on the back of the mailpiece.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Scott Hinckley  
31 Lawton Rd.  
Shirley, MA 01464

1:15-CV-01041-RDB

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

XIXIX

014642075-1X

07/17/15

RETURN TO SENDER  
 REFUSED  
 UNABLE TO FORWARD  
 RETURN TO SENDER

RetSeel

Scott Hinckley  
 31 Lawton Rd.  
 Shirley, MA 01464

7/10

RECEIVED BY  
 COUNTY OFFICE  
 JUL 18 2015  
 BALTIMORE, MD

U.S. MARSHAL  
 BALTIMORE, MD  
 JUL 22 2015 5:53



**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

Total Postage

Sent To

Street & Apt. No.  
or PO Box No.

City, State, ZIP+

Scott Hinckley — — —  
31 Lawton Rd.  
Shirley, MA 01464

7014 2120 0000 8092 8293